

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009110  
FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL						
TOTAL						
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CLAIMS	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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